Small Grants Program
B.P. 817 Yaoundé, Cameroon

The Africa Regional Democracy Fund Program

Application

The Africa Regional Democracy Fund (ARDF) Application Form is FREE of charge and the Embassy DOES NOT require any payment to receive and evaluate a project.

Funding Opportunity #: AFYDE-ARDF-GR-POLECON-2020

Date: _____

1. ORGANIZATION'S INFORMATION (please provide copy of registration certificate and bylaws)

1.1 Organization Identity and Contact Information

Name of organization:	
Type of group (check where appropriate):	☐ **CIG** ☐ **Association** ☐ **NGO** ☐ **Other (specify)_____**
Name of President /Delegate	**First:** **Last:**
Address or P.O. Box:	
Telephone:	
E-mail (obligatory):	

1.2 Organization's Project Manager (if any)/Alternate Group Contact Information

Name:	**First**: **Last:**
Title:	
Address or P.O. Box:	
Telephone:	
E-mail (obligatory):	

1.3 Description of Organization

When was your organization legalized? (attach paper)	
How many members?	
How often do you meet?	
How are you organized?	
What are your main activities?	
Have you ever received a grant from the US Embassy?	☐ **Yes** ☐ **No**
If Yes:	**Amount:** **Year:**

	Project title/type:	
	Project Site:	

2. ORGANIZATION'S PAST EXPERIENCE

2.1 Previous projects carried out by the organization

Project 1	**Title:**	
	Type:	
	Main Donor:	
	Amount:	**Donor's share =** **Group's contribution =** **Project total amount =**
	Year	
Project 2	**Title:**	
	Type:	
	Main Donor:	
	Amount:	**Donor's share =** **Group's contribution =** **Project total amount =**
	Year	
Year of implementation:		

2.2 Reference (cite 2 references that know your organization and its activities, but are not members or representative of your organization)

Name	**Organization & Title**	**Contact** (telephone and E-mail)

3. PROJECT INFORMATION

3.1 Project Identification

Project Title:	
Project Type:	☐ Promote Accountable, Transparent, and Responsive Governance ☐ Promote Human Rights and Fundamental Freedoms ☐ Support Democratic Processes and Promotion of strong Democratic Norms
Cite Project Deliverables:	

3.2 Project Location

Village or Quarter:	
Subdivision:	
Division:	

Region:	

NB: Every project considered for funding will be visited before final approval. Please include location plan (sketch/ directions) with your application specifying how to get to the project site or your office.

3.3 Project Description

3.3.1 Number of Beneficiaries

Men_____ Women_____ Boys _____ Girls _____ **Total** _____

3.3.2 Project Background (describe the context of the project)

3.3.3 Project Justification (why is this project necessary?)

3.3.4 Project Objectives (Overall goal and specific objectives)

3.3.5 Project Results (give results and state how they shall be measured)

Outputs:

Outcomes:

3.3.6 Project Main Activities

3.3.7 Project Expected Impact (Describe the new situation that will arise from your project. Identify all performance indicators they will be employed.)

Impact:

Performance Indicators:

3.3.8 Project Performance Evaluation (What is your evaluation plan? Also briefly explain your plan and if your project intends to contract an independent performance evaluation.)

3.3.9 Project Risks (Identify risk/assumptions and ways to address and mitigate them.)

3.3.10 Project Scope (To what extend does your proposed project reflect a whole -of-government planning process and approach? How will it integrate with or leverage existing programs, local resources, and/or the activities of other donors to greater effect?)

3.3.11 Project Timeline (Explain how long it will take to complete the project and attach your plan of activities.)

3.4 Project Financial Summary

3.4.1 General financial details (Attach your project detailed budget or cost estimate to your application. For equipment purchase, include pro forma invoices from at least two different sources.)

What is the total cost of this project?	
How much money have you already raised for this project and has it been used? In FCFA:	**Raised:**
	Used:
Who provided this money?	
How much will your organization contribute again?	
Are other embassies, donors, or government agencies providing money or support for this project?	☐ **Yes** ☐ **No**
	If yes, please provide details:

3.4.2 Embassy grant

How much money are you requesting from the United States Embassy?	**FCFA**:
How will the money be used?	Attach project budget (see Sample A)

_____
Signature of Sponsor

Name: _____

Title: _____

Date: _____

Applicant Check List

- Include a budget similar to Sample A on the following page or the Excel sample file provided.
- Include a timeline similar to Sample B on the following page.
- Include a location plan (sketch/directions) of how to locate your office/ project's site.
- Verify that you have provided a correct and current mailing address, telephone number, and e-mail address.
- Sign the application.
- Do not submit any documents that were not requested.
- Send the original completed/signed application to the U.S. Embassy.

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Sample A: Budget

The budget should be stated in local currency (francs CFA) and should include a budget summary and a budget narrative that includes the details of the costs associated with each line items and other relevant information to support the proposed budget. There should be a direct relationship between the activities described in the proposal and the budget. All proposals should use the following sample budget format.

BUDGET SUMMARY: USE AN EXCEL SHEET

Date:
Name of organization:

Phases	Budget line/Item	USA Embassy (FCFA)	Organization's contribution	Other donors (if any)	Total
Phase 1	Activity 1	500,000	-	-	500,000
	Activity 2	-	350,000	-	350,000
	Activity 3	190,000	60,000	-	250,000
	Sub-total phase 1	*690,000*	*410,000*	*-*	*1,100,000*
Phase 2	Activity 4	900,000	-	-	900,000
	Activity 5	-	300,000	-	300,000
	Activity 6	300,000	-	-	300,000
	Activity 7	120,000	60,000	-	180,000
	Activity 8	320,000	-	-	320,000
	Activity 9	300,000	-	-	300,000
	Sub-total phase 2	*1,940,000*	*360,000*	*-*	*2,300,000*
Phase 3	Activity 10	100,000	-	-	100,000
	Activity 11	100,000	200,000	-	300,000
	Final reporting	-	200,000	-	200,000
	Sub-total phase 3	*200,000*	*400,000*	*-*	*600,000*
	Grand Total	**2,830,000**	**1,170,000**	**-**	**4,000,000**

NB: Name the activities
10% is authorized for project running cost.

Sample B: Activities Timeline

All proposals should use the following sample activities timeline.

Project Activities										
September 2019 – August 2020										
	Sept	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**May**	**June**	**July**	**Aug**
Phase I										
Activity 1	X									
Activity 2 and Activity 3		X	X							
Phase II										
Activity 4				X	X	X				
Activity 5 and Activity 6		X	X							
Activity 7 and Activity 8				X	X	X	X	X	X	
Activity 9								X	X	
Phase III										
Activity 10									X	
Activity 11									X	
Writing Final Report									X	
Evaluation										X

NB: Name the activity